Appendix Dv. Monthly reporting form - district level (example from Ethiopia) Reported up to National level

Routine Vitamin A Supplementation, and Deworming and Nutritional Screening Zonal Reporting Format																																
Region:; Reported ZoneDate of Report/ Reported by (Name & Signature)																																
			Children 6-59 months Supplemented with Vitamin A					nin A	Children 24-59m de-wormed				Nutritional Screening for children 6- 59 months and PLW																			
s	Name of	Target Children 6			(B) 12-59 months supplemented with Vitamin A M F		(A+B) # of children 6-59 months supplementd with VAS M F		Covera		24-59 months Dewormed		Dewor ming Coverag	59mn screened with bilateral odema		# of Children 6- 59mn screened with no odema & MUAC <11cm		no odema & MUAC 11 to <12cm		# of Children 6 59mn screened with no odema 8 MUAC >= 12cm M F		59mn	Screen ing covera ge (%)			Targe	# of PLW screen ed >=23c	# of PLW screene d	coverage	counsell	# of PLW referred	# of PLW received Iron or
no	Woredas	59mn	М	F	IVI	F	М	r	ge (%)	59m	М	F	e (%)	М	F	М	F	М	F	IVI	F			M	F	t PLW	m	<23cm	PLW (%)	ed	to TSFP	folate
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